
Promoting Recovery and Well-Being: Finding My Part in the Healing

David Mee-Lee, M.D. Davis, CA
(530) 753-4300; Mobile: (916) 715-5856
davidmeelee@gmail.com davidmeelee.com
ASAMCriteria.org tipsntopics.com
asamcontinuum.org instituteforwellness.com

Keynote– May 2, 2018, 9:30 -10:45 AM Baltimore, MD
2018 BHA Annual Conference

A. Recovery and Recovery Management – Definitions and Attitudes

Recovery in Addiction

- “Recovery is the process through which severe alcohol and other drug problems (here defined as those problems meeting DSM-5* criteria for *substance use disorder*) are resolved in tandem with the development of physical, emotional, ontological (spirituality, life meaning), relational and occupational health.”

(White, W. & Kurtz, E. (2005). “The Varieties of Recovery Experience”. Chicago, IL. Great Lakes Addiction Technology Transfer Center. Posted at <http://www.glatc.org>) (* Updated to reflect DSM-5)

- The immediate goal of reducing alcohol and drug use is necessary but rarely sufficient for the achievement of the longer-term goals of improved personal health and social function and reduced threats to public health and safety.”

(McLellan A.T., McKay J.R., Forman R., Cacciola J., Kemp J. (2005) Reconsidering the evaluation of addiction treatment: from retrospective follow-up to concurrent recovery monitoring. Page 448 *Addiction* 100:447-458.)

Recovery in Mental Health

“Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness”

(Pat Deegan, a consumer leader and psychologist with schizophrenic disorder defines recovery from serious mental illness)

Recovery Management

Behavioral Health Recovery Management (BHRM) is the stewardship of personal, family and community resources to achieve the highest level of global health and functioning of individuals and families impacted by severe behavioral health disorders. It is a time-sustained, recovery- focused collaboration between service consumers and traditional and non-traditional service providers toward the goal of stabilizing, and then actively managing the ebb and flow of severe behavioral health disorders until full remission and recovery has been achieved, or until they can be effectively self-managed by the individual and his or her family. BHRM draws its principles from the biopsychosocial model of treatment, the health care consumer movement, and the strengths-based model of service delivery.

(White, WL, Boyle, MG et al: “What is Behavioral Health Recovery Management? A Brief Primer”)

- A 2001 paper in *Psychiatric Services* summarized a conceptual model on recovery and referred to both internal conditions (“the attitudes, experiences and processes of change of individuals who are recovering”) and external conditions (“the circumstances, events, policies and practices that may facilitate recovery”).

Recovery – A Conceptual Model*Internal Conditions*

- Hope – belief that recovery is possible; it lays the groundwork for healing to begin
- Healing – recovery is not synonymous with cure; active participation in self-help activities; locus of control is with consumer
- Empowerment – corrects a lack of control, sense of helplessness, and dependency; aim is to have consumers assume increasing responsibility for themselves in making choices and taking risks; full empowerment requires that consumers live with consequences of their choices
- Connection – recovery is a social process; a way of being in the company of others; to find a role to play in the world

Recovery – A Conceptual Model*External Conditions*

- Human rights – reducing and eliminating stigma, discrimination against psychiatric disabilities; equal opportunities in education, employment, housing; access to needed resources
- Positive Culture of Healing – a culture of inclusion, caring, cooperation, dreaming, humility, empowerment, hope
- Recovery-oriented services – best practices of clinical care, peer and family support, work, community involvement to be implemented by consumers, clinicians, and community; services that facilitate individual recovery and personal outcomes; collaborative services; consumers for consumers

References:

Jacobson N, Greenley D (2001): “What Is Recovery? A Conceptual Model and Explication” *Psychiatric Services*. April 2001, Volume 52; No. 4:482-485. You can go to Google, type in *Psychiatric Services* journal and get to the April 2001 edition and download the paper.

B. SAMHSA’s Working Definition of Recovery and Guiding Principles

<https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

- An estimated 50 million Americans cope with mental illnesses, like depression, anxiety, post-traumatic stress and bipolar disorders, every year. Studies show that during these episodes, individuals are three times more likely to fall prey to drug and alcohol dependency or addiction if they do not receive treatment.
- SAMHSA released the original working definition of recovery and guiding principles in December 2011, and it was later updated after feedback from the public and those in the field of addiction.

1. Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA’s Recovery Support Strategic Initiative includes the following four areas that will improve the prospect of successful recovery:

Health – overall wellbeing begins with addressing symptoms of addiction that complicate physical and emotional health. Abstinence from alcohol, non-prescribed medications and illicit drug use is recommended so that any psychiatric disorders can be addressed and treated. This leads to more informed and healthier choices that will sustain ongoing recovery.

Home – having a consistent, peaceful and stable place to return to each day will help remove uncertainty and anxiety that can lead to self-destructive behavior.

Purpose – being productive, whether through volunteer work, employment or going to school, provides meaning for every person, especially those who are rebuilding a life in recovery.

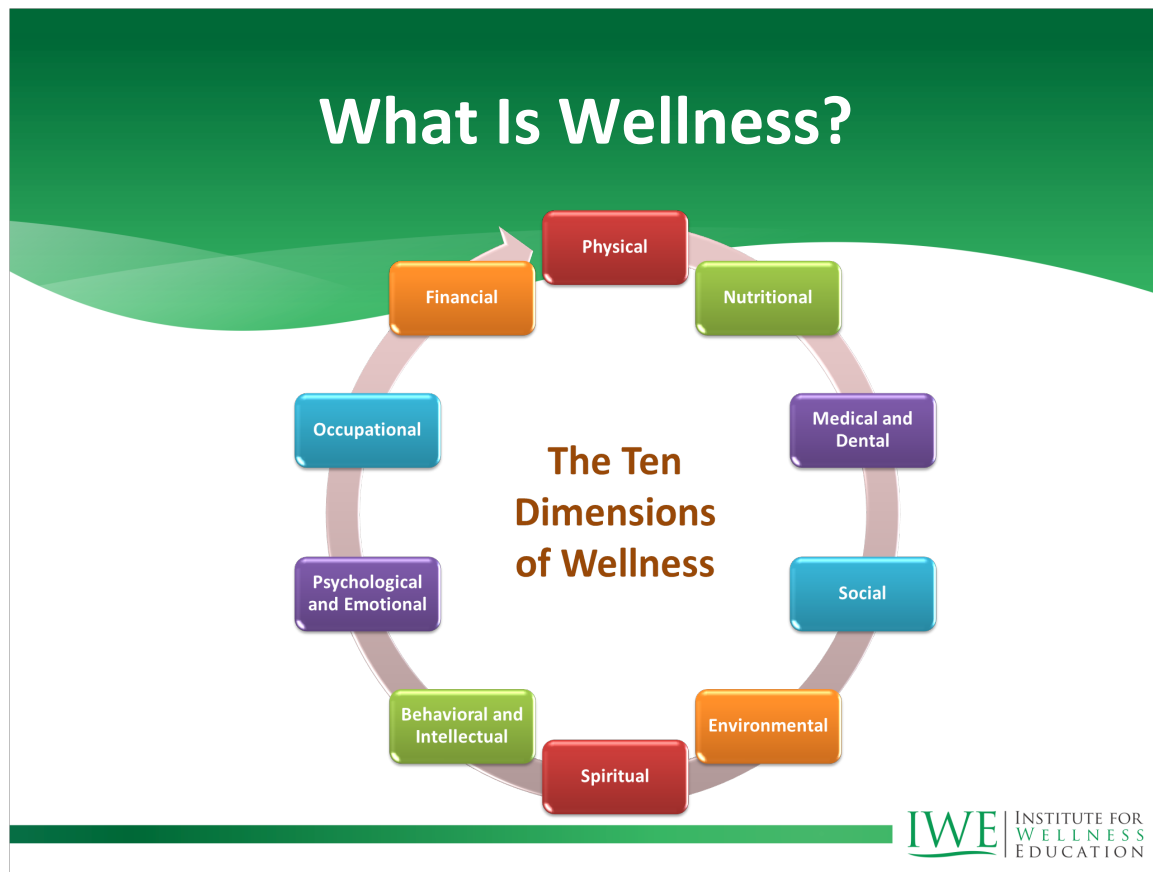
Community – an essential aspect of recovery from mental illness and addiction is understanding that others have experienced similar difficulties and struggles. Having non-judgmental support from friends, family members and others in recovery can be just the thing to help an individual gain momentum in recovery.

In addition to health, home, purpose and community, SAMHSA offers

2. 10 Guiding Principles of Recovery, which include:

1. Recovery emerges from hope – belief in the process and reality of recovery is vital for struggling individuals to face and cope with their disease or disorder
2. Recovery is person driven – each person is ultimately in charge of their own recovery, setting goals and creating a path to achieve them
3. Recovery occurs via many pathways – people recovering from substance abuse or mental disorders have different backgrounds and face unique challenges. As a result, the paths that people take toward recovery will vary from person to person
4. Recovery is holistic – in order for long-term recovery to take root, a person must address every aspect of their life, from mental and physical health to income and housing to seeking support and maintaining medication if needed
5. Recovery is supported by peers and allies – having peers that have experienced similar challenges and come through it provides a model for those in recovery to lean on, refer to and receive support from
6. Recovery is supported through relationships and social network – an emotional bond with family members, friends and peers that believe in a person's ability to recover can offer the strength and determination to get through these difficult times
7. Recovery is culturally-based and influenced – services for recovery must consider an individual's unique cultural beliefs, values and traditions
8. Recovery is supported by addressing trauma – sexual assault, domestic violence, emotional abuse and any other trauma has to be treated if recovery is to be long lasting and successful
9. Recovery involves individual, family and community strengths and responsibility – each person in recovery is responsible for their own care, though families and significant others also bear a responsibility, especially with recovering teens or young people, to support their loved ones. Communities also have a responsibility to make sure that those in recovery can live free of discrimination and have opportunities to have housing, employment and education
10. Recovery is based on respect – recovering from addiction and psychiatric issues require bravery on the part of the individual. Communities and social systems that acknowledge this lessen the stigma associated with these disorders and offer people a healthier atmosphere in which they can get better and give back

C. Ten Dimensions of Wellness – The Institute of Wellness Education (IWE)



D. Person-Centered Assessment and Treatment Services

1. Biopsychosocial Perspective of Addiction and Mental Disorders

A common view allows a common language of assessment and treatment for all involved. Addiction illness and many psychiatric disorders are chronic, potentially relapsing illnesses often needing on-going process of treatment, rehabilitation and recovery, with brief episodes of acute care and stabilization.

2. Multidimensional Assessment – ASAM Criteria Assessment Dimensions (*The ASAM Criteria* 2013, pp 43-53)

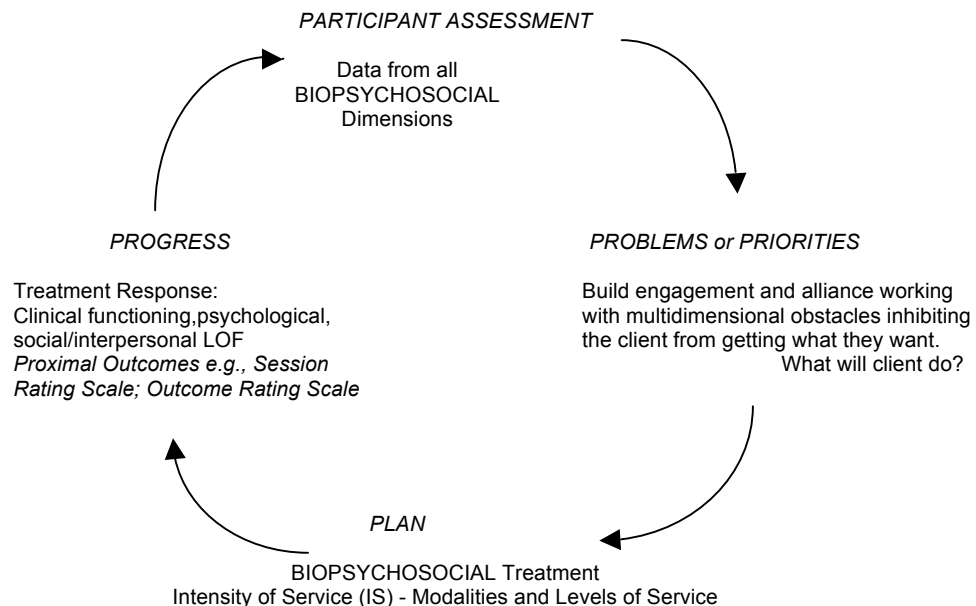
The common language of the six assessment dimensions can be used to determine multidimensional assessment of obstacles and needs to help the client get what they want. Also to identify what the client is willing to do in the context of the alliance and the focus of treatment.

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional/behavioral/cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery environment

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services
2. Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services
3. Emotional, Behavioral or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services
4. Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change
5. Relapse, Continued Use or Continued Problem Potential	Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
6. Recovery Environment	Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

3. Measurement-Based Practice - Feedback Informed Treatment

A diagnosis is a necessary, but not sufficient determinant of treatment. A client is matched to services based on multidimensional needs and the focus of treatment, not placed in a set program based only on having met diagnostic criteria.



4. Biopsychosocial Treatment - Overview: 5 M's

- * Motivate - Dimension 4 issues; engagement and alliance building
- * Manage - the family, significant others, work/school, legal
- * Medication – withdrawal management; HIV/AIDS; anti-craving anti-addiction meds MAT; disulfiram, methadone; buprenorphine, naltrexone, acamprosate, psychotropic medication
- * Meetings - AA, NA, Al-Anon; SMART Recovery, Dual Recovery Anonymous, etc.
- * Monitor - continuity of care; relapse prevention; family and significant others

5. Treatment Levels of Service - ASAM Levels of Care/service to match severity of problems (*The ASAM Criteria* 2013, pp 106-107)

- 0.5 Early Intervention
 - 1 Outpatient Services
 - 2 Intensive Outpatient/Partial Hospitalization Services
 - 3 Residential/Inpatient Services
 - 4 Medically-Managed Intensive Inpatient Services

LITERATURE REFERENCES AND RESOURCES

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